

Print Application

Clear Fields

212122

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Name Change on Certificate
9715 from All My Sons Moving & Storage of
Greenville, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2006 - 241 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Andrew K. Light

Telephone: 317-637-1777

Address: Scopelitis Garvin Light Hanson & Feary

Fax: 317-687-2414

10 W Market Street, Suite 1400

Other:

Indianapolis, IN 46204

Email: alight@scopelitis.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Name Change Application:

**All My Sons Moving & Storage of Greenville, Inc.
Certificate 9715**

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 08/30/2017

IMPORTANT! A current annual report must be on file with the Commission **before** application will be accepted.

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Type of Application: (Check one)

- ☐ Sale of Certificate
☐ Transfer of Certificate
☐ Lease of Certificate

1. All My Sons Moving & Storage of Greenville, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1102 Old Stage Road, Simpsonville, SC 29681

Street Address of Applicant

2400 Old Mill Road, Carrollton, TX 75007

Mailing Address of Applicant if different from street address

864-962-9000

Phone

888-486-5298

FAX

safety@allmysons.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

N/A - LLC

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

N/A

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

N/A

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

N/A

[illegible]

5 of 12

INSURANCE QUOTE

N/A

This form **MUST BE COMPLETED.**

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

N/A

Exhibit FWA

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☐ No

3. Are there currently any outstanding judgement(s) against the Applicant?

☐ Yes ☐ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☐ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This _____ day of _____, 20____

Applicant's Signature

Notary Public

Commission Expires _____

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

N/A

CERTIFICATE

This Certificate is furnished by the undersigned in compliance with Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service Commission of South Carolina in connection with the transfer of authority to _____ .

The undersigned states that the assets listed on the enclosed Bill of Sale of _____

are being transferred including the authority granted in Certificate No. _____ issued by the Public Service Commission of South Carolina; that there are no debts or claims against the transferor; no unremitted COD or collections due shippers; no claims for loss of or damage to goods transported or received for transportation; no claims for overages on property transported; no interline accounts due other carriers; and no wages due employees of the transferor.

SWORN TO BEFORE ME
This _____ day of _____, 20____

Notary Public

Commission Expires _____

Transferor's Signature

N/A

The Public Service Commission of South Carolina
Application for the Sale or Transfer of Certificate of Public Convenience and Necessity

Date _____

I (We) _____
the holder of Class E Certificate of Public Convenience and Necessity No. _____, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchaser or transferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

1. _____
Name of Owner or Transferor

_____ Address

_____ Email Address _____ Phone

2. _____
Name of Purchaser or Transferee

_____ Address

_____ Email Address _____ Phone

Check one: ☐ Corporation

☐ Partnership

☐ Individual

Date organized: _____

Submit a copy of the partnership
agreement and a list of individuals
composing the partnership.

State of Incorporation: _____

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): _____

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?

☐ No ☐ Yes Attach a complete list showing dates, amounts and names of parties.

6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?

☐ No ☐ Yes

GIVEN under our hand this _____ day of _____, 20____

Owner or Transferor _____

By _____

Title _____

Purchaser or Transferee _____

SWORN TO BEFORE ME

By _____

This _____ day of _____, 20____

Title _____

Notary Public

Commission Expires _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.10, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

STATE OF TEXAS

COUNTY OF DENTON


Applicant's Signature

I, Chris Generale, President
Name of Applicant's Representative Title

of All My Sons Moving & Storage of Greenville, LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 1st day of September, 20 17

Jessica Renee Young
Notary Public

Commission Expires June 17, 2018



N/A

Detach, complete and remit **AFTER** your safety audit has been performed by State Transport Police.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392; 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This _____ day of _____, 20_____

Applicant's Signature

Notary Public

Commission Expires _____

Print Application

Aug 25 2017
REFERENCE ID: 1708251324441

File ID: 170817-1041245
Filing Date: 08/14/2017

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR AN AMENDED CERTIFICATE OF AUTHORITY BY A FOREIGN CORPORATION TO
TRANSACTION BUSINESS IN THE STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-15-104 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of South Carolina and for that purpose submits the following statement:

1. The name of the corporation is:

All My Sons Moving & Storage of Greenville, Inc.

- 1A. The above named corporation received a Certificate of Authority to transact business in South Carolina on 3/16/2006.

2. This application is filed for the following reason (complete all applicable items):

a. ☒ The corporation has changed its corporate name as follows:

All My Sons Moving & Storage of Greenville, LLO

b. ☐ The corporation has changed its duration to _____.

c. ☐ The corporation has changed the state or country of its incorporation to _____.

3. The name of the corporation for the purpose of transacting business in South Carolina is (See Sections 33-4-101 and 33-15-106) and see Section 33-19-500(b)(1) if the corporation is a professional corporation

All My Sons Moving & Storage of Greenville, Inc.

4. It is incorporated as (check applicable item) ☒ a general business corporation, ☐ a professional corporation under the laws of the state of Delaware

5. The date of its incorporation is 8/17/2005 and the period of its duration is Perpetual

6. The address of the principal office of the corporation in the jurisdiction of its incorporation is:

251 Little Falls Drive

(Street Address)

Wilmington, DE 19808

(City, State, Zip Code)

Aug 25 2017

REFERENCE ID: 1708251324441

Mark Hammond
Secretary of State of South Carolina

All My Sons Moving & Storage of Greenville, Inc.

Name of Corporation

Carrollton, TX 75007

(City, State, Zip Code)

Julian Gomez

(Principal Officer Name)

Assistant Secretary

(Principal Officer Position)

2400 Old Mill Road

(Address)

Carrollton, TX 75007

(City, State, Zip Code)

Nick Bouras

(Principal Officer Name)

CFO

(Principal Officer Position)

2400 Old Mill Road

(Address)

Carrollton, TX 75007

(City, State, Zip Code)

10. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class:

Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
Common Voting	1500
Common Non-Voting	1500

11. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230): _____

Date: 08/10/2017

Name of Corporation:

All My Sons Moving & Storage of Greenville, Inc.

Signature of Officer

Chris Generale

Type or Print Name

President

Position of Officer

Aug 25 2017

REFERENCE ID: 1708251324441

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

All My Sons Moving & Storage of Greenville, Inc.

Name of Corporation

7. The address of the registered office in the state of South Carolina is:

1703 Laurel Street

(Street Address)

Columbia

South Carolina

29201

(City)

(Zip Code)

8. The name of the registered agent in this state at such address is

Corporation Service Company

(Name)

9. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a) Robert Peterson

(Director Name)

2400 Old Mill Road

(Business Address)

Carrollton, TX 75007

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

b) Chris Generale

(Principal Officer Name)

President

(Principal Officer Position)

2400 Old Mill Road

(Address)

Aug 25 2017

REFERENCE ID: 1708251324441

SECRETARY OF STATE OF SOUTH CAROLINA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF GREENVILLE, INC." FILED A CERTIFICATE OF CONVERSION, CHANGING ITS NAME TO "ALL MY SONS MOVING & STORAGE OF GREENVILLE, LLC", ON THE SEVENTEENTH DAY OF JULY, A.D. 2017, AT 4:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF GREENVILLE, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF GREENVILLE, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2005.



Jeffrey W. Bullock, Secretary of State

4016574 8321
SR# 20175653191

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203031601
Date: 08-09-17

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON-FILE IN THIS OFFICE

Aug 25 2017

REFERENCE ID: 1708251324441


Mark H. Thompson
Secretary of State

Delaware

The First State

Page 2



4016574 8321
SR# 20175653191

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Gubert, Secretary of State

Authentication: 203031601
Date: 08-09-17

Aug 25 2017

REFERENCE ID: 1708251324441

Mark Hammond
SECRETARY OF STATE OF DELAWARE

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:18 PM 07/17/2017
FILED 04:18 PM 07/17/2017
SR 20175276726 - File Number 4016574

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is August 17, 2005.
- 4.) The name of the Corporation immediately prior to filing this Certificate is All My Sons Moving & Storage of Greenville, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is All My Sons Moving & Storage of Greenville, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
17th day of July, A.D. 2017

By: *Nick Bouras*

Authorized Person

Name: *Nick Bouras*

Print or Type

Aug 25 2017

REFERENCE ID: 1708251324441


Mark H. Brown
Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:18 PM 07/17/2017
FILED 04:18 PM 07/17/2017

SR 20175276726 - File Number 4016574

**CERTIFICATE OF FORMATION
OF**

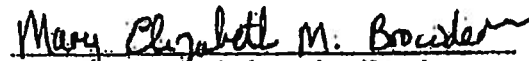
MY SONS MOVING & STORAGE OF GREENVILLE, LLC

THIS CERTIFICATE OF FORMATION of ALL MY SONS MOVING & STORAGE OF GREENVILLE, LLC (the "LLC"), dated July 17, 2017 is being duly executed and filed by Mary Elizabeth M. Browder, Esquire, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, et seq.) (the "Act").

FIRST: The name of the limited liability company formed hereby is All My Sons Moving & Storage of Greenville, LLC.

SECOND: The address of the registered office of the LLC in the State of Delaware is 251 Little Falls Drive, New Castle County, Wilmington, Delaware 19808 and the name of the Registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.


Mary Elizabeth M. Browder, Esquire
Authorized Person